

(If you need additional space for ANY section, please attach an additional sheet and reference that section.)

*As Amended*UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS

Our Lady of the Sacred Heart Academy
Prince Henry Charles Albert David
Kateri, Aaliyah Mallissa Walker David
~~*St Marys Prater*~~
~~*Lula McPherson*~~
~~*Wardell Roseman*~~
~~*Shaylon Walker*~~
~~*Robert Walker*~~

(Enter above the full name
of the plaintiff or plaintiffs in
this action)collectively referred to
as

→ *Pope Francis of Assisi United*
St Kateri of UK Baptist Church Trust

Case No:

16-50369

(To be supplied by the Clerk of this Court)

Thuplis vs.
~~*Rockford Public Schools*~~
~~*Rockford Police Department*~~
~~*Asst Saint Anthony Hospital*~~
~~*Rockford Memorial Hospital*~~
~~*JP Morgan Chase Bank*~~
~~*Rockford University*~~

(Enter above the full name of ALL
defendants in this action. Do not
use "et al.") collectively referred to
as *Dups*

CHECK ONE ONLY:

COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983
 U.S. Code (state, county, or municipal defendants)

✓ COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE
 28 SECTION 1331 U.S. Code (federal defendants)

OTHER (cite statute, if known)

BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.*Rockford Public Schools*

Tracey Walker
Marrissa McPherson
Wardell Roseman Jr
Tianan Walker
Camari Doo Walker
Keyondre Doo Walker
Reserance George Doo

Rockford First
Kemon Walker
Kaeleb Walker
Keyla Walker

Schubert
Nior Gas

Commonwealth Edison
Waterford Property Management

Jeborich
HCR Manor Care
Shelter Care Ministries
U46 School District

Monroe Police Department
City of Rockford
City of Monroe Wisconsin
City of Alsip

Everest College
Winnebago County
Sheriff

Rare County
Sheriff

George Doo
DOFS

RECEIVED

DEC - 7 2016

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I. Plaintiff(s):

- A. Name: Pope Francis of Assisi United Trustee
- B. List all aliases: Mallissa McPherson
- C. Prisoner identification number: _____
- D. Place of present confinement: _____
- E. Address: 430 First Avenue 61101

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: Dugo
- Title: _____
- Place of Employment: _____
- B. Defendant: _____
- Title: _____
- Place of Employment: _____
- C. Defendant: _____
- Title: _____
- Place of Employment: _____

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

- A. Name of case and docket number: 5201016
- B. Approximate date of filing lawsuit: 2010 to current
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: Saint Kateri of UK Baptist Church Trustee
- D. List all defendants: Duge
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): 17th District of Winnebago County, Neb
- F. Name of judge to whom case was assigned: Phillip J. Rinkland
- G. Basic claim made: violation of civil procedure and habeas corpus act, civil rights act of 1964, conspiracy to commit murder, violation of judicial procedure,
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): case is pending
- I. Approximate date of disposition: 5-2015

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

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IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. **Do not give any legal arguments or cite any cases or statutes.** If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

Affiant

*On or about 9-11-01 I was struck by a vehicle
on Shady Oaks and Rte 58 in Uga cell to no reply*

*On or about 9-11-15 I filed a federal lawsuit
naming defendants et al.*

*On or about 12-25-2016 this case was
settled*

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

I want the court to issue a CD to Associated Bank totaling 100,000,000,000 dollars in the name of Melissa McPherson payable to Saint Kateris Baptist Church.

VI. The plaintiff demands that the case be tried by a jury. ☒ YES ☐ NO

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 29th day of 11, 2016

Princess Diana
Kateri Walker David
 (Signature of plaintiff or plaintiffs)

Kateri Walker David
 (Print name)

42105 0189 817W *20161109217R90312*
 (I.D. Number)

2362 McFarland Rd
Rockford Ill 611089
#2

(Address)

0018625F

HFS State of Illinois
Medical Card



For questions or to
report changes call:
Para preguntas o reportar
cambios llame al:
DHS 1-800-843-6154 or
HFS 1-800-226-0768
(TTY 1-877-204-1012)

WALKER, KATERI
2362 MCFARLAND RD # 2
ROCKFORD IL 61108-8225

Keep this card and the separate notice we
send about your medical coverage.

Guarde esta tarjeta y el aviso separado que
le enviamos sobre su cobertura médica.

HFS 469 (R-10-12)

00-112916

IL 487-0234

WALKER, KATERI
2362 MCFARLAND RD # 2
ROCKFORD IL 61108-8225

To check your eligibility using the 24
hour automated system, call:
Para comprobar su elegibilidad usando
el sistema automatizado de 24 horas,
llame al: 1-855-828-4995

THE FOLLOWING PERSONS ARE COVERED:

KATERI	WALKER	ID#:186428900	DOB:07-31-89
KEMORI	WALKER	ID#:186428918	DOB:02-21-05
KAYLA	WALKER	ID#:202328233	DOB:08-04-09
KAELAB	WALKER	ID#:232513499	DOB:09-14-16

TOTAL NUMBER OF COVERED PERSONS: 4

THIS CARD DOES NOT GUARANTEE ELIGIBILITY OR PAYMENT FOR SERVICES.

Medical providers must verify identity and eligibility when you need care.

ESTA TARJETA NO GARANTIZA LA ELEGIBILIDAD O PAGO. Los proveedores médicos
deben verificar la identidad y elegibilidad cuando necesite atención médica.

00-112916